

CONSERVATORSHIP

4

Get a Permanent Appointment for an Adult

Part 4: What to do after the Court Hearing
(Forms Packet)

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SELF SERVICE CENTER
FOR APPOINTMENT OF A PERMANENT CONSERVATOR
FOR AN ADULT

PART 4: What to do after the Court Hearing
(Forms Only)

How to assemble these documents

This packet contains forms on getting an appointment of permanent conservator for an adult. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBCA9ft	Table of forms in this packet	1
2	PBCA9k	Checklist: What to do after the court hearing	1
3	PBC91f	<i>“Proof of Restricted Account From Depository or Financial Institution”</i>	1
4	PBGC91f	<i>“Inventory and Appraisement of Property and Proof of Mailing or Delivery of Inventory and Appraisement”</i>	3
5	PBGCF96f	<i>“Estate Management Plan and Proof of Mailing”</i>	2
6	PBGCF93f	<i>“Fee Statement (Local Rule 5.7) and Proof of Mailing”</i>	2

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SELF-SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED CONSERVATOR FOR AN ADULT

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed conservator for an adult, or you expect to be.
- ✓ You need to know what to do after you are appointed.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
State Bar Number: (if applicable): _____
Represents ☐ Self, without a lawyer OR ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the Conservatorship of:

Case Number PB: _____

(Name of Protected Person)

**PROOF OF RESTRICTED ACCOUNT
FROM DEPOSITORY OR FINANCIAL
INSTITUTION**

Name of Depository: _____

Address of Depository: _____

1. This Depository has opened the following account(s) for the above-named protected person in the name of "The estate of _____, a protected person by _____, Conservator" as follows:

TYPE	ACCOUNT NUMBER	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Each account listed is a restricted account. No withdrawals of principal or interest will be allowed unless the Superior Court permits withdrawals by certified court order. Reinvestments may be made without an order of the Court if each account remains restricted and at this Depository. However, money deposited into a mutual fund approved by the Court may not be transferred to any other fund without prior Court approval other than to a money market fund. If the protected person is a minor, funds shall not be released when the minor turns eighteen until receipt of a court order authorizing release of the funds.

3. I have received a certified copy of the Court's order restricting these accounts dated _____ and I agree, on the Depository's behalf, to comply with the order.

DATED: _____

Manager's Signature and Title*

Print Manager's Name and Title

*Must be signed by a Bank Branch Manager or a Resident Manager for an Investment Securities Dealer.

SUBSCRIBED AND SWORN to before me this date: _____ by _____

My Commission Expires: _____

Notary Public

Name of Person Signing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney's Bar Number (if applicable): _____
Represents ☐ Self, Without a Lawyer, OR ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of _____

Case Number: PB _____

☐ an Adult ☐ a Minor

**INVENTORY AND APPRAISEMENT
OF PROPERTY AND PROOF OF
MAILING OR DELIVERY OF
INVENTORY AND APPRAISEMENT**

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss.

I am the Conservator for the above-named person and I state under oath as follows:

1. **TRUE AND CORRECT STATEMENT.** The following inventory of property is a true and correct statement of all the property known to me to be owned by the person named above at the time of my appointment.
2. **TOTAL VALUE.** The total value of all real and personal property in the estate, as supported by the following itemization of property, is \$_____.
3. **DESCRIPTION OF PROPERTY AND DEBT.** This document accurately describes each item of property, estimates the fair market value of the property as of the date of my appointment, describes the nature of the property as community or separate property, and itemizes the type and amount of all debts, mortgages, or liens relating to each item of property.
4. **NOTICE TO OTHER PARTIES.** A copy of this document was hand-delivered or mailed by first class mail, postage prepaid, to the following persons: (Attach additional paper if necessary.)

Name	Address	Relationship to Protected Person	Date Mailed or Delivered

SIGNATURE: _____

Subscribed and sworn to before me this ____ day of _____, _____

by _____.

My Commission Expires: _____

Deputy Clerk/Notary Public

INVENTORY AND APPRAISEMENT OF PROPERTY IN ESTATE

(use additional sheets of paper if necessary)

Inventory date: _____

BANK ACCOUNTS, STOCKS, BONDS AND OTHER INVESTMENTS

Property Description	Community OR Separate Property	Actual Value

REAL PROPERTY

A. GENERAL INFORMATION:

Property Description and Address	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			

Total estimated fair market value of real property: \$ _____

Total estimated debt on real property: \$ _____

B. INFORMATION ABOUT REAL PROPERTY ITEMS LISTED ABOVE THAT WERE APPRAISED:

Name	Address	Item Number Above

PERSONAL PROPERTY

A. GENERAL INFORMATION:

Property Description	Community OR Separate Property	Estimated Value in Dollars	Dollars of Debt
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Total estimated fair market value of personal property: \$ _____

Total estimated debt on personal property: \$ _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (Check one or both)
☐ Guardianship ☐ Conservatorship

Case Number PB: _____

ESTATE MANAGEMENT PLAN AND PROOF OF MAILING

(Maricopa County Local Rule 5.7(c))

_____ ☐ an Adult or ☐ a Minor.

Note: This document must be completed in all cases where the conservator or trustee is required to file an accounting with the court. Print or type neatly using **black ink only**. Use additional paper if necessary. Follow the Superior Court Fiduciary Fee Guidelines.

1. Physical condition of the person: _____

2. Anticipated care of ward/protected person, and services to be provided: _____

3. Special needs of the ward/protected person: _____

4. Other special needs of the ward/protected person: _____

5. Anticipated expenses for the ward/protected person, including project fiduciary fees: _____

6. Anticipated changes in finances/financial status of ward/protected person: _____

7. A copy of this management plan was mailed or delivered to the following persons:

NAME

ADDRESS

RELATIONSHIP

Date: _____

Signed: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney's Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the (check one or both)
☐ Guardianship and/or ☐ Conservatorship of

Case Number: PB _____

**FEE STATEMENT (LOCAL RULE 5.7)
AND PROOF OF MAILING**

_____ ☐ an Adult or ☐ a Minor

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____
TOTAL CHARGE

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____